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ABSTRACT

This paper focuses on participation of labor unions in health promotion and health promotion programs. It begins by discussing labor unions' impact on today's work force. An overview of unions' historical concern for worker health serves as an introduction to consideration of the labor movement's current involvement in employee health. A look at labor's views of health promotion follows. Both labor's concerns and labor's hope for health promotion are addressed. Recommendations are made for involving unions in health promotion, and results of studies of the extent of union involvement in health promotion programs are provided. A prognosis is made regarding the future of union-based health promotion programs. The paper concludes with 11 examples of international, national, and local union health promotion programs. Union name and address, contact person, and telephone number are given. (YLB)

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WBGH WORKSITE WELLNESS SERIES

HEALTH PROMOTION AND THE LABOR UNION MOVEMENT

Prepared by

JERRY KAISER
Workplace Health Fund

and

RUTH BEHRENS
Washington Business Group on Health

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Washington Business Group on Health
Washington, D.C.

WBGH Worksite Wellness Series

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Prepared by

Jerry Kaiser
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Washington, D.C.

and

Ruth Behrens
Washington Business Group on Health
Washington, D.C.

July, 1986

Washington Business Group on Health
229½ Pennsylvania Avenue, S.E.
Washington, D.C. 20003

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Ruth A. Behrens serves as director/editor for the WBGH Worksite Wellness Series.

HEALTH PROMOTION AND THE LABOR UNION MOVEMENT

Table of Contents

Labor Unions' Impact on Today's Workforce.....1

Unions and Health--An Active History.....3

Unions and Health--Today.....4

Unions' Views of Health Promotion.....8
- Labor's Concerns.....8
- Labor's Hope for Health Promotion.....10

Recommendations for Involving Unions in Health Promotion.....13

What are Unions Doing to Promote the Health of their Employees?.....17

The Future of Union-Based Health Promotion Programs.....20

Examples--Union Health Promotion Programs.....21
- International/National Union Programs.....21
- Local Union Programs.....26

HEALTH PROMOTION AND THE LABOR UNION MOVEMENT

LABOR UNIONS' IMPACT ON TODAY'S WORKFORCE

According to the most recent figures available (1983), there are 278 international, national or regional unions in the United States, and more than 50,000 locals. Another 16,000 to 20,000 locals exist, but cannot accurately be counted because they are not required to file a report with the Department of Labor under the Labor Management Reporting and Disclosure Act of 1959.[1]

In 1985, union membership numbered 16,996,000, or 18.0 percent of all wage and salary employees.[2] By far the largest group of union members are white males (9,623,000), followed by white females (4,501,000), and black males (1,387,000). However, both black and Hispanic-origin workers were more likely than whites to be union members, with 24.3 percent of all black workers belonging to unions, 18.9 percent of workers of Hispanic origin, and 17.3 percent of white workers. This is especially relevant since blacks and Hispanics are traditionally underserved by non-union worksite health promotion programs; union-sponsored efforts have great potential for reaching these populations.[2]

In 1985, the average union member earned $423 a week, compared to $315 for workers who were not members of a union. Those represented by unions, including nonunion members whose jobs are covered by a union contract, average $419 per week.[2]

The impact of unions' representation is even more far reaching than these figures would indicate. Some 2.4 million workers, who are not dues-paying union members, receive the benefits

negotiated by labor unions in right-to-work states where workers can choose whether or not to join a union that represents their work unit. In these states, if a union negotiates benefits for the unit in which they work (double time on Saturdays, added holidays, etc.), these non-union members also receive those benefits. Thus, in 1985, 19,358,000 wage and salary workers, or 20.5 percent of the workforce, received the economic effects of union negotiations.[2] Unions' leadership in providing excellent benefit packages also has had an impact on many non-union companies, which attempt to match or exceed union benefit levels.

Although the labor movement has traditionally been made up of workers in the manufacturing, transportation, and construction fields, the changing economy has resulted in unions picking up a significant number of new members in service businesses as a result of the explosion of new jobs in this sector. The disparate elements of the labor movement make it difficult to categorize occupations in organized labor; however, with the exception of chief executive officers, literally every occupation includes some degree of union membership today.

The Bureau of Labor Statistics reports that in 1984, union membership was highest in communications (37.5 percent), transportation (36.5 percent), government (35.8 percent), and machine operators, assemblers, and inspectors (34.1 percent). Membership was under 10 percent for the workforce in services, wholesale and retail trade, agriculture, and finance, insurance, and real estate.[2]

UNIONS AND HEALTH--AN ACTIVE HISTORY

When health promotion first appeared in the language of public health in the 1930s, the American labor movement had already been deeply involved in efforts to improve the health and well-being of workers and their families, including health promotion. The concern that unions have historically placed on worker health dates to the origins of organized labor itself.

- In 1806, the Pennsylvania Society of Journeymen Cabinetmakers was established as a benevolent society, that is one founded to provide for the needs of workers who were ill or injured, and it did not include settling disputes with employers among its purposes until 1829.
- The Philadelphia Typographical Society began with a similar mission; it was not until 1810, 13 years after its incorporation, that it was reorganized for the main purpose of raising wages of journeymen printers.
- In 1832, the International Typographical Union established a home in Colorado Springs for sick and aged workers.
- In its early years, the International Ladies Garment Workers Union focused on the lack of heat and sunlight in the workplace, and attempted to ensure that workers got proper nutrition to build resistance to tuberculosis and were able to use rest breaks for exercise. In 1913, the ILGWU opened a medical clinic in New York to provide entrance examinations for new members. The program was later expanded to include screening and treatment.
- The United Steelworkers Union negotiated with industry to secure first aid stations and company physicians.
- Other unions representing tailors and seamen created full-time health centers, some of which have evolved into community resources (for example, Group Health Association in New York).

UNIONS AND HEALTH--TODAY

Currently, the labor movement is deeply involved in a variety of issues that are critical to the health and well-being of its members.

In pressing for continued support for occupational safety and health, unions are militant in demanding full disclosure by employers about the substances present in the workplace through OSHA regulations. In addition, they press for legislation that would mandate special health promotion programs for workers and their families at high risk of occupational diseases. Labor supports legislation on issues such as worker's compensation, toxic tort, more stringent controls on worksite exposures, and toxic waste cleanup, in addition to promoting funding of government research, education, and enforcement efforts in worker health through the Public Health Service, Occupational Safety and Health Administration, and Environmental Protection Agency.

The labor movement also has developed its own mechanisms to provide technical assistance on health and safety issues, including professionally staffed departments at every level of the labor movement.

The Workplace Health Fund (WHF) focuses on research and education on occupational disease for workers and their families, and has been involved in a variety of health programs on workplace design issues affecting health (ergonomics) and health promotion. A part of the Industrial Union Department (IUD) of the AFL-CIO, the WHF supports programs on fitness, reproductive health, and smoking cessation for high-risk workers.

> For example, affiliates of the IUD in Eastern Virginia are implementing a health promotion program developed by the WHF for Norfolk naval shipyard workers who are at risk of asbestos-related diseases. The project focuses on the critical need for smoking cessation in

these workers and seeks to assist them in developing healthy behaviors such as weight loss, light exercise, and stress management and in developing physical, psychological, and social support systems in their lives. The identification and use of trusted community resources and the involvement of families and peer group relationships in program development and implementation are important elements in the program.

Through a Cooperative Agreement with the Office of Disease Prevention and Health Promotion (US DHHS), the WHF also has helped implement a fitness program for the International Ladies Garment Workers Union that focuses on the musculoskeletal problems of women whose work can cause physical problems or injuries (see "Examples--Union Health Promotion Programs"). Working with unions representing silica-exposed workers (Molders Union) and the communication workers (Communications Workers of America) exposed to potential reproductive hazards in a manufacturing plant, the WHF provides education, training, and assistance in program development to those who are in need, but who are at the same time rarely served by health promotion initiatives.

With a scientific advisory committee and commission on health care composed of some of the nation's foremost health experts, the Fund has access to a wealth of resources in academia, labor, and government. One current project is the support of research on the treatment of mesothelioma, a cancer associated with exposure to asbestos.

The Industrial Union Department of the AFL-CIO, initiated by a special per capita assessment on the five million members of its 56 affiliates, has created the Workers Institute for Safety and Health and the Occupational Health Legal Rights Foundation, in addition to the WHF. The AFL-CIO's Department of Community Services has, for years, trained union counselors to offer support and assistance to their fellow workers and families in

need of referral to community agencies for problems, including health concerns such as substance abuse. The Department also works closely with other sectors of the labor movement, including independent unions.

Some two dozen labor education programs in colleges and universities offer a variety of safety and health programs year round for union leaders on issues ranging from hazard identification to occupational stress. The union structure also emphasizes a network of staff committees on safety and health, which include representatives from the national and international unions. At the state and local levels, safety and health committees and personnel are continually updated on, and involved in, matters critical to the well-being of their colleagues.

The long-standing emphasis on health and welfare benefits for workers, retired workers, and their families, continues to be a primary focus of unions that collectively bargain on health care cost management and other vehicles with which to provide maximum protection.

Today's workforce, which is better educated and increasingly female, also has brought new priorities and demands to the workplace, and the labor movement is exploring new strategies for meeting these needs of its membership, such as day care and reproductive health programs.

Increasingly, workers view their jobs as more than an economic transaction. They seek benefits beyond wage and salary, including intangibles--an opportunity to grow, to learn, to be respected, and to express their personal abilities in their work. They want, more than ever, to feel a part of something, to participate in decision-making, and to feel valued in their positions. In addition, today's workforce has become even more aware of health and safety issues and is increasingly able to do something about them.

According to Albert Shanker, president of the American Federation of Teachers and vice president of the AFL-CIO, "The new worker is as interested in self fulfillment, job satisfaction, product quality, and a healthy company as in wages and fringe benefits."[3]

As evidence of this, there has been a growing awareness of the role of personal lifestyle factors that contribute to disease. While it is often not clear exactly where the workplace influence ends and lifestyle influences begin, in actual practice, workers do not separate the two. From a biological perspective, the perception is accurate. However, they also approach control of each differenctly, and therefore, separately.

UNIONS' VIEWS OF HEALTH PROMOTION

Although there is often well-founded skepticism of, and resistance to health promotion in much of the labor movement, there also is a recognition that, when properly designed and implemented, these efforts can be of great benefit to working people.

For years, union-sponsored programs have provided workers with health education for themselves and their families. Because a number of unions, such as the Amalgamated Clothing and Textile Workers and the Retail and Wholesale Department Storeworkers are at least partially self-insured, health promotion has been an important vehicle for the control of health care costs, as well as the basic union concern for the safety and health of their members. Hypertension management, weight loss, and second surgical opinion programs have proven to be successful efforts for the United Storeworkers Union, and other local and international organizations have implemented a variety of efforts to improve worker health.

But not all unions place the same priority on health promotion programming.

Labor's Concerns

Many of the first health promotion efforts were fitness programs, often originated by an executive who had experienced a serious health problem. Activities such as company fun runs and facilities such as gyms were seen as fringe benefits for management. Even programs that included non-management workers were, for the most part, designed and implemented by management or instructors who had little contact with, or understanding of, the culture of the worker. There was little opportunity for the worker to participate in a meaningful manner.

While some company-sponsored health promotion programs have improved today, many fitness facilities and programs still are open during the day to only management personnel; workers must use them before or after work so the production schedule is not interrupted. Workers also have felt that basic safety and health issues are often neglected or ignored, with emphasis instead being placed on "worker fitness."

While unions agree that lifestyle can contribute to illness and maladaptive behaviors, they believe that businesses have not always evidenced a corresponding concern over workplace hazards.

Research reinforces the notion that much of what has been viewed by management as the worker's own health responsibilities are, in fact, conditions that have been caused or exacerbated by workplace exposures. For example, researchers at Liberty Mutual studied at random 192 compensable back injuries reported to their loss prevention representatives and concluded that "The only currently effective control for low back injuries is the ergonomic approach of designing the job to fit the worker," and they estimated that about two-thirds of back injuries could be prevented utilizing that approach.[4] Exposures to carbon monoxide, carbon disulfide, many common industrial solvents, nitroglycerin, noise, and psychosocial stress were cited by the Morbidity and Mortality Weekly of the U.S. Centers for Disease Control as factors that have a potential impact on cardiovascular health. Repetitive motions, such as twisting or awkward postures, can cause cumulative trauma disorders like carpal tunnel syndrome, tendinitis, bursitis, and other problems, and whole-body vibration work, done by an estimated seven million workers, may cause degenerative disc disease and low back pain. In the case of roofers and painters, substances with which they work enhance habituation and reduce tolerance to alcohol.

Therefore, health promotion programs that put the blame for drinking, smoking, back problems, or even serious illness on the individual, who might not drink or smoke or be ill at all if in another job, can be both counterproductive and dangerous.

Labor's first agenda is the representation and protection of workers; its secondary agenda is its obligations to families and retired workers. Many in the labor movement believe that health promotion's emphasis on the individual, rather than on the collective good of the plant or society, is in conflict with labor's goals.

According to the 1973 Work in America report, job satisfaction is the best predictor of longevity. While other research contradicts this conclusion, it points out the importance, in the worker's mind, of modifing the world of work rather than the worker. But this does not mean that the idea of a healthy lifestyle is not a concern of the labor movement, according to Herbert Abrams, MD, Chairman of the Workplace Health Fund's Commission on Health Care. Unions have long recognized the importance of proper nutrition, exercise, fresh air, and the management of stress in worker health, and many union programs have addressed these needs. However, according to Dr. Abrams, the consensus in unions is that it is impossible to expect a positive outcome from healthy behaviors in an unhealthy environment.[5]

Labor's Hope for Health Promotion

But many in unions believe that health promotion programs may hold great promise for the labor movement--for workers and their families--if they are based on correct assumptions. It is imperative that they address not only specific health needs, but also the particular cultural biases that separate the workers from management and from health professionals. Programs must be directed by individuals who can speak to workers

in their own language and who can understand the concerns that they have in order to communicate with workers effectively and enlist them in programs that address their own cultural beliefs.

In discussing labor's role in health promotion, William W. Winpisinger, President of the International Association of Machinists and Aerospace Workers, suggests that unions have a significant role in helping their employees improve their lifestyles along with, not separate from, their traditional roles in controlling dangerous conditions in the workplace.

> "Workers today...have a gut feeling about health. They see the problem as an integrated whole that pulls together health and welfare plans, worker's compensation, OSHA issues, personal health, and other concerns into one ball of wax. The worker wants us to help him do three things: control dangerous conditions at work, deal with the economic consequences to his family of occupational disease or injury, and prevent the seeds of disease sowed in the workplace from taking root in his body. To the worker, these are all aspects of the same problem.
>
> "We need to encourage participation in both work environment and health promotion activities aimed at prevention or early detection of diseases of the heart, lung, and other organs. While we bureaucratically separate these concerns, all these organs are in one worker whose body integrates the insults from all sources. One integreated effort makes sense. Separate campaigns are a compromise.
>
> "How can you honestly tell a worker not to smoke, to take a blood pressure test, or watch his diet as part of a program

to reduced heart or lung disease and not tell him at the same time about factors at the worksite that also need to be controlled in order to reduce his risk? Dishonest campaigns are a compromise.

"Some of these compromises take place because in our pursuit of labor's first moral obligation--doing something about the health effects of the conditions in the workplace--we forget that the human body requires protections that can be gained only if we are concerned about the whole life of the worker, including the time after he punches out and goes home. We lose nothing by integrating our obligations and concerns. In fact, we have much to gain by demands that resulted, for example, in better health that puts more money in the worker's pocket through reducing the economic burden of diseases."[6]

RECOMMENDATIONS FOR INVOLVING UNIONS IN HEALTH PROMOTION

In late 1985, the Workplace Health Fund, in cooperation with the Office of Disease Prevention and Health Promotion (US DHHS), held a conference of union people to discuss the merits and value of health promotion. One of the outcomes of the meeting was a set of criteria for union involvement in worksite health promotion efforts. The recommendations apply both to programs developed by unions for their own members and to management-sponsored programs wishing to involve union members.[7]

The recommendations are:

1. First priority should be given to initiating those programs that meet the needs of workers at greatest risk of disease because of past or present workplace hazards or in workplaces where health promotion can be effectively used to manage the costs of health care.
2. Family involvement, reinforced by the use of neutral community resources, should be encouraged.
3. It is essential that workplace health promotion programs be integratead with occupational health programs and that workplace hazards receive priority. Resources must not be drawn away from occupational health to health promotion programs.
4. Worksite health promotion should not focus on individual behavior to the extent that it loses sight of or fails to address environmental and societal causes.
5. Health promotion must be geared to the particular situation, needs, and economic and social realities of the employees involved.
6. Maintenance of the strictest possible confidentiality is of the utmost importance in all workplace health promotion programs. No information emerging from the employee's participation can be permitted to be used to undermine job security or other employee rights.

7. Health promotion programs must not be used for screening purposes in hiring, promotions, or transfers. Participation in health promotion programs must be strictly voluntary.
8. Unions should seek an equal role in management in all workplace health programs. Mechanisms in the employer-union contract, such as joint committees, should be used. The functions of joint safety committees might be expanded to include "wellness" programs.
9. Worksites in which labor and management are not cooperating to bring health and safety hazards under control should not be sites for health promotion activities.
10. Where the worksite is not under control, or the employer uncooperative, and the union has established the need for health promotion, the programs should be conducted outside the worksite.
11. When testing for any disease, such as high blood pressure, workers must be given access to information on conditions in the workplace and in the community, as well as personal factors known to be associated with the disease.

Linda Lampkin, Director of Research for the American Federation of State, County, and Municipal Employees, adds several considerations necessary for union involvement and for program success.[8]

- o The program should never be used to circumvent the union contract and participation in the program should have no bearing on grievances, disciplinary action, or promotional opportunities.

- o The effect of working and social conditions, which often cause or aggravate "personal" problems on the job, must be considered. For example, a child care center at the

workplace may do more to relieve stress and financial burdens for working parents than a workshop on family budgets. Or additional staff might do more to relieve stress than the best workshop on time management.

- Insurance coverage should be reviewed and adjusted, if necessary, to provide coverage for the various programs offered. But the program should not adversely affect other employee benefits.

- Incentives should be considered to encourage participation.

Following development of the above recommendations, they were taken to the Executive Council of the Industrial Union Department, AFL-CIO. As a result, that body, representing 54 national unions, passed a "Resolution on Health Care Costs and Worksite Health Programs."

> "The labor movement's programs of health protection for workers and their families historically have taken a number of paths, of which one has been personal health promotion. Union-sponsored health promotion has included employee assistance programs aimed at alcohol and drug abuse, or 'wellness' activities aimed at reduction of high blood pressure, poor diet, neglected physical fitness, cigarette smoking, lack of adequate care during pregnancy and other risks.
>
> "When labor and management have introduced health promotion programs into the workplace, labor often has seen these programs as an important member service and management correctly has understood the immense savings in productivity and insurance costs that result from good health.

"Unfortunately, management health promotion policies often provide partial truths about the personal health factor. Heart and blood pressure education programs, for example, typically fail to mention management-controlled factors in the work environment that generate cardiovascular disease. Government and most private agency programs often make the same mistake. Thus, when blood pressure tests and counselling are offered in the workplace, the work environment is ignored. The worker is seldom told about chemical, physical or other stress agents at that worksite that may induce high blood pressure. Instead, the emphasis is on diet and other personal factors. When heart disease occurs, the victim is blamed and, without full knowledge of all the causes, the physicans's treatment may not be adequate.

"Worksite health programs that provide complete information will reduce costs of health care more effectively because they will more effectively prevent disease and enable proper treatment.

"The Workplace Health Fund, labor's own health agency, has been developing a worksite health promotion program in cooperation with the Public Health Service that demonstrates how to promote wellness and reduce the cost of health care. The program is designed to be conducted without compromising our fundamental obligation to improving the environment of the workplace.

"NOW, THEREFORE, BE IT RESOLVED:

"That the Industrial Union Department recommends that IUD affiliates support worksite programs designed to reduced costs and promote health without losing sight of labor's primary obligation: control of the work environment."

WHAT ARE UNIONS DOING TO PROMOTE THE HEALTH OF THEIR EMPLOYEES?

In 1985, a survey of unions was conducted by the Workplace Health Fund to determine the extent of involvement in health promotion programs. Responses were received from 25 international unions representing over 12 million workers. Thirteen of the 25 indicated that they offer some type of health promotion programming, and 16 indicated that programs of some sort were being provided at the local level.

The largest group, ten of the 13 respondents, provided programs in alcohol and substance abuse. Eight had programs in blood pressure testing, six in stress management, and others offered programs in smoking cessation, health risk appraisal, fitness, nutrition, weight control, back care, safety, and ergonomics.

Nine of the 13 stated that programs were run in cooperation with the employer, six were done with community agencies, five by the union itself, and four by management alone. (These figures add up to more than 13 because some unions participate in more than one program.)

By far the largest group, six of the 13 internationals with health promotion efforts indicated that funding came from the employer. Three each identified government contracts and per capita funds as sources; two each negotiated contract funds or received money from voluntary health agencies, and one each got funding from union health and welfare funds, employee-employer associations, and academic research funds. The benefits perceived by the unions included lower health care costs, lower absenteeism, lower accident rates, prevention of alcohol and substance abuse, and higher quality of life for workers.[9]

Although responses from 25 international unions, 13 of which have health promotion programs, do not allow one to extrapolate to the entire universe of 278 international organizations, some patterns

do emerge from even this small sampling. Employee assistance programs (usually designed to assist employees with personal problems that interfere with the job) and high blood pressure detection are the most popular offerings among the respondents; similarly they are among the most popular offerings by companies, and two of the programs that have been best documented as cost effective. The remaining programs identified in the survey also are among those most often provided in worksite wellness efforts. So while unions may not yet have embraced health promotion widely, those that have implemented programs have selected topics that appear to be in keeping with broad perceptions about employees' needs and wants.

Many of the national or international unions that have undertaken major health promotion efforts have done so with startup funding from governmental agencies or other outside groups. A significant portion of these projects have resulted in large numbers of local unions adopting the basic idea and starting their locally-controlled programs. The work of the Amalgamated Clothing and Textile Workers Union, The American Federation of Teachers, and the Association of Flight Attendants are outstanding examples of this ripple effect (see "Examples--Union Health Promotion Programs").

Union-sponsored programs offer as much variety in setting and methods as they do in topic content. In order to make them maximally accessible for union members, programs are most likely to take place in union halls, where employees regularly gather, or at the worksite itself (e.g. Communication Workers of America). But it is not unusual for programs also to be held in community settings such as schools or churches (e.g. International Ladies Garment Workers Union). A major factor in determining location is convenience, but a secondary factor is members' level of comfort with the setting, hence the use of community locations in some cases. Some also use local resources to provide cost effective health promotion programs. The

American Clothing and Textile Workers Union calls on state health departments or Red Cross chapters to conduct its high blood pressure screenings.

THE FUTURE OF UNION-BASED HEALTH PROMOTION PROGRAMS

In the coming years, health promotion programs that are well-designed, implemented and evaluated will continue to grow as organizations (and individuals) realize their benefits. The labor movement, as it has always done, will support those efforts that address the health needs of all Americans. And as the struggle for safety and health on the job continues, organized labor will continue to view these issues as paramount.

Far from impeding health promotion, the labor movement's objective is that these programs evolve from their infancy--narrowly defining health as an outcome of only individual behavior--to programs that address the health needs of populations at high risk of occupational diseases; workers exposed to life-threatening hazards on the job, minorities whose rates of death and disease are well beyond the national average, and workers who are, or are threatened to be, unemployed. The implicit policy of the labor movement is to afford all Americans the security of health, employment, and equitable pay for their efforts.

EXAMPLES--UNION HEALTH PROMOTION PROGRAMS

Following is a sampling of health promotion efforts being undertaken by international, national, and local unions. This summary is in no way comprehensive and does not attempt to catalogue all union-sponsored activities or all types of labor-sponsored programs. Rather it is compiled to provide examples of the types and the breadth of union efforts designed to keep their members healthy. While some of the programs have been discontinued, they are included to give a sense of the history of health promotion in unions.

International/National Union Programs

Amalgamated Clothing and Textile Workers Union, New York, NY
Florence Lynch, (212)242-0700

A self-insured union, the Amalgamated Clothing and Textile Workers Union has run a number of health promotion programs for its employees. The program, which was funded from 1981 to 1984 by the New York State Health Department as a pilot in that state, involved blood pressure screening during lunch time. This was found to be the best time for such an effort because workers are paid by piecework, and any other arrangement would not be effective. The program screened over 11,000 workers and found that 25 percent were hypertensive. Referrals were made to the Sidney Hillman Health Center, another facility, or to the worker's personal physician. In questionable cases, a second screening was manadated. Originally, the screening was done by nurses and nurse practioners, then by the program leaders and an assistant. However, the union found that virtually anyone can be trained to take blood pressures. As a followup, forms were sent to the doctors requesting information on treatment.

The program has now been expanded nationally, with over 6,000 additional workers in 84 shops involved. In order to make the effort as simple as possible for individual shops, state health deparatments or local agencies such as Red Cross chapters provide the screening personnel. Clothing and cotton workers involved in the local programs received outpatient coverage for hypertension treatment, and, although the unions reported that there was initial resistance to treatment, workers became receptive to the program as it progressed.

The union also has a working second surgical opinion program, seminars for workers on issues such as stress management and weight control, and a number of pamphlets on a variety of health-related topics. A smoking cessation programs is being piloted in New York and Philadelphia, and a working model for a health fair also is being developed.

The American Federation of Teachers, Washington, DC
Debbie Walsh, (202)879-4400

Representing over 600,000 individuals in the helping professions, the American Federation of Teachers has supported a number of efforts designed to improve health in the workplace. A major two-year research grant from the U.S. Department of Education enabled AFT to investigate those conditions that cause stress in urban classroom teachers. Teacher stress workshops were then provided by the national organization to their members throughout the country.

Building on the attention given the topic of teacher stress from the national union, the Chicago affiliate, the Chicago Teachers Union, developed a teacher support network and a stress hot-line, where trained volunteer teachers worked with colleagues who called the line for assistance. Topics covered by the support groups included classroom management, assertiveness, interpersonal relations, communication skills, time management, and relaxation. As an offshoot of this effort, the CTU helped develop a Masters Degree program in Urban Education for the University of Illinois that provides a realistic picture of what it is like to work in an urban setting. Some 100 teachers per year have gone through the program in its first three years.

Association of Flight Attendants, Washington, DC
Barbara Feuer, (202)332-0744

The 23,000 member Association of Flight Attendants faced a somewhat unique problem and developed an employee assistance program to help solve it. Because flight attendants usually work irregular hours without long-term supervision, it is impossible to expect a supervisor to know a flight attendant on a day-to-day basis, to be able to evaluate his or her work, and to recognize the signs of distress. Therefore, the usual method of referring troubled employees into an EAP program--through supervisory referral--was not feasible. With this in mind, the AFA developed a program of peer referral, wherein volunteer flight attendants, chosen by union leadership, receive training to assist them in recognizing signs of impaired job performance and referring troubled co-workers for help. This extensive training, covering a variety of topics, has been expanded to include basic, intermediate and advanced seminars that involve greater depth and other behaviors affecting workers. The union has developed a wealth of support materials for members including information in

newsletters and brochures on topics such as dealing with anger, stress, prescription drugs, PMS and hypoglycemia, and recognizing when to turn to the EAP for assistance. From October 1980 to 1986, more than 2,340 flight attendants and their family members received assistance through the program; 31.3 percent of these cases were peer referrals and 42.9 percent were self referrals. The program, initially set up with funding from the National Institute on Alcohol Abuse and Alcoholism's Occupational Branch, is now fully supported through union dues.

Communication Workers of America, Washington, DC
David LeGrande, (202)728-2300

The Communication Workers of America is developing a pilot project for its members in Richmond, VA, designed to increase the awareness of both members and management about the impact of workplace hazards on reproductive health, and to help alleviate workers' exposures to dangerous agents. A needs/wants assessment will be conducted to determine members' interest in information on the relationship between reproduction and toxic substances, ergonomics, lifting, smoking, and nutrition. The resulting classes will be held monthly in conjunction with local union meetings. The pilot site is a manufacturing plant that has a large number of potentially hazardous jobs. It is the hope of the union that once the program has been tested, it can be expanded to other locations.

International Ladies Garment Workers Union, New York, NY
Becky Plattus, (212)265-7000

Through a Cooperative Agreement with the U. S. Office of Disease Prevention and Health Promotion (DHHS), the Workplace Health Fund has funded a fitness program for the International Ladies Garment Workers Union. The ILGWU membership is made up of approximately 90 percent women, most of whom do not speak English as a first language. Two pilot programs were established, one in Yonkers and one in New York City. In Yonkers, the attendees at the fitness class were mostly Italian speaking and averaged between 40 and 45 years of age. Because the union office was not large enough to accommodate an exercise class, sessions were held in a nearby rented Knights of Columbus hall. Classes were held early Saturday morning within walking distance or an easy drive for most workers. This time was chosen so attendees would have the rest of the day free. At the New York City pilot, attendees were somewhat younger and were mostly Spanish speaking. Classes were held after work at the union office because it was convenient, it allowed attendees to conduct other union business while attending the classes, and it saved an extra train fare for participants.

Based on a survey of employees at the pilot sites, it was determined that the classes would cover flexibility, weight reduction and strength. Aerobic exercise appeared to be too

much, too soon for this audience, and no adequate facilities were available to accommodate an aerobics class. In addition, information is provided at each class about topics of special interest such as the importance of exercise, nutrition, stress, high blood pressure and heart problems, correct ways of lifting and sitting, and hand-wrist problems (since carpal tunnel syndrome is a special problem among garment workers).

According to the program director, attendance at the pilot programs was very good, largely because "everyone wants to exercise," the program is geared especially to its audience, and because it was publicized well through the union to its members. The ILGWU hopes to expand the program to other sites.

United Storeworkers Union, New York, NY
Eleanor Tilson, (212)239-6100

The United Storeworkers Union has a long and strong commitment to providing high quality, cost effective health care services for its members. As part of that commitment, the self-insured Storeworkers have instituted a variety of disease prevention programs for its members, including comprehensive, on-site treatment for members with high blood pressure. The active participation of union personnel in the program's operation gives members confidence in the project and reinforces their motivation to stay on treatment. Because the program involves frequent and positive membership/leadership interaction, increased union cohesiveness is another important result. When the union first presented the idea to Gimbels and Bloomingdale's department stores in the mid 1970s, management endorsed the project and allowed initial screenings to be held during working hours. Prior to screening the Storeworkers began educating its members about high blood pressure through presentations at union meetings and in its newspaper.

In order to ensure confidentiality, all records are filled out and maintained by union personnel and no representatives of management are allowed in the testing area. About 10,000 members have participated in the screening, and two-thirds of those found to have high blood pressure chose to begin treatment at nearby union facilities. Members are invited to a special union meeting where open discussion of questions or fears about the results and the therapy are encouraged. Appointments are made through the union during lunch hours, before and after work, or on employee breaks.

Most employees bring their blood pressures to acceptable levels within four months. After 10 years, the program reported 90 percent of patients still in treatment and 80 percent with their blood pressures under control.

In 1984, the Storeworkers started a program of worksite breast health clinics to teach retail store clerks how to spot the first

signs of breast disease, including cancer. because 85 percent of the union's members are women, breast disease and cancer-related illnesses account for the largest single number of hospital admissions and disability illnesses. each clinic includes a lecture by a physician, an examination of each attendee, and follow-up care if necessary. The physicians' approach encourages prevention, including breast self examination and a baseline mammography.

A program of weight control also is available to members.

United Auto Workers, Dearborn, MI
Bill Corey, (313)845-1697

The United Auto Workers (UAW) has been actively involved in health promotion as a cost containment and disease prevention strategy for it members. As a result of the efforts of vice president Stephen Yokich, the UAW placed a high priority on the inclusion of a quality employee assistance program into the 1984 contract negotiations with Ford. There had been an EAP for some 10 years, but it was not system-wide. In the new EAP, reaching 95 locations in 21 states, each plant of over 600 people has a full time union EAP representative and a management-appointed counterpart. Nearly 200 people from the joint labor-management committee in each plan received three weeks of training in 1985. The program, funded by the UAW/Ford National Development and Training Center, has recently developed two hours of videotape materials designed to give UAW committeemen and company supervisors knowledge of communication, confrontation, and referral skills to deal with employee problems in the areas of substance abuse, emotional and marital problems, and financial difficulties.

Under a grant from the National Heart, Lung, and Blood Institute, a demonstration hypertension control program is operating in four plants, with 20,000 blue and white collar employees eligible to participate. The program is voluntary and the theme is that blood pressure can be controlled, usually without taking a person off the job (except in the one percent of cases in which the person is in danger of a stroke). Therefore, workers with high blood pressure need not lose time from work. Screening is done on the employee's own time, during breaks, lunch hours, or at any other time decided by the local union. However, it is recommend that follow up be done on company time. Follow up is aggressive, and when a worker is asked to go to the medical office, the information is kept confidential (unless the worker's difficulty is job-related). The blood pressure program is linked to the EAP to assist any members who find the process creates a stressful situation for them.

Plans also are underway to develop programs and/or guidelines for health screenings, physical fitness, nutrition and stress management. The physical fitness component will be designed to

introduce members to safe and effective exercise so they can then pursue a program on their own so that a continuing, on-site fitness effort will not be necessary. Plans also are under way to develop a comprehensive computerized screening program. Members will fill out a computerized health risk appraisal (HRA) with the help of a "screener" who is familiar with the HRA as well as with the computer, and will get both high blood pressure and cholesterol screenings. Instant feedback will enable the employee to discuss health risks with the screener, while a printout a few weeks later will provide more detailed information. The UAW believes the use of a "screener" will help build trust in the program and will overcome potential fears about using computers. It is hoped that the first program will be operational in fall of 1986.

United Rubber Workers, Akron, OH
Leslie Clegg, (216)376-6181

In 1983, the United Rubber Workers received a grant from the National Cancer Institute for slightly less than one million dollars to develop a health protection/health promotion program to address cancer prevention and reduction in rubber workers. The project, LIFE (Labor and Industry Focus on Education), addresses both workstyle and lifestyle in attempting to discover what methods are most effective in getting workers to become more aware of health problems and how to change unhealthy behaviors. Twenty-four plants were divided into comparison and intervention sites. The comparison sites conducted their regular health and safety programs, keeping a running record of their activities. The intervention sites received special training in how to use the results of a survey of workers' interests and perceptions of their risks when designing educational programs. Information gathered indicated that workers were well aware of health risks, but did not feel that they themselves would suffer; therefore, they might not take any action to reduce their risks. The end product of the program will be a model health protection/health promotion program for industry.

Local Union Programs

Lewiston-Porter United Teachers, Youngstown, NY
Gary McCunn, (716)754-8281

The Lewiston-Porter United Teachers, a local union in upstate New York, has offered in-service credit to teachers enrolled in a semester-long course on health promotion. Led by a guidance counselor and psychology teacher, the course has covered such topics as stress in the classroom, nutrition and health, exercise, creating a healthy teaching environment, and other topics relevant to teacher health.

New York State United Teachers, Albany, NY
Tom Beaudoin, (518)459-5400

The New York State United Teachers, representing the majority of classroom teachers in New York State as well as other service workers, provides a variety of programs to their members. In 1979, a survey was conducted that revealed stress as teachers' number one concern. So in 1980, the NYSUT developed a teacher stress team that was trained by specialists to provide workshops and other services to members across the state. The five-day intensive training was conducted during the summer and initially equipped over 100 teachers with skills to be facilitators. Today, a group of 40 to 50 teacher-facilitators are available at any given time. Since that time, thousands of educators have had the opportunity to work with the teacher stress facilitators.

Washington State Labor Council, Seattle, WA
Karen Keiser, (206)281-8901

Some two dozen local unions in the Seattle area worked with the Washington State Labor Council and a local television station to put on the first Washington Health Fair for Workers in 1985. The three-day event was held in the Seattle Center (site of the World's Fair)and was part of a large city-wide health fair project. The Health Fair for Workers included wellness counseling; screenings for such things as blood pressure, visual acuity, hearing, blood chemistry analysis, and selected cancers; and displays on topics of special concern to unions. For example, the Laborers Apprenticeship Local showed how to safely remove asbestos; the Service Employees Local, working with a computer company, exhibited an ergonomically correct VDT station; the United Food and Commercial Workers Local had a display on carpal tunnel syndrome, which affect many grocery store clerks; and the Boeing Machinists Local provided materials on chemical hazards. More than 1,000 people registered for the screenings and at least three times that number took part. Because of the great success of the program, The Washington State Labor Council will be a major sponsor of the citywide health fair in 1986.

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All About WBGH

The Washington Business Group on Health (WBGH), established in 1974, gives major employers a credible voice in the formulation of federal and state health policy. WBGH began with five companies and now works with more than 200 of the Fortune 500. WBGH members direct health care purchasing for 40 million of their employees, retirees and dependents.

In 1976, WBGH expanded to become the first national employer organization dedicated to medical care cost management. WBGH is an active participant in discussions, hearings and other aspects of the legislative and regulatory arena. It also serves as a reliable resource base providing information and expertise on a variety of health care issues and concerns as well as consulting to its members, government, other employers, health care providers, and the media.

WBGH, through its institutes and public policy division, provides long-range planning and analysis on many sensitive economic and social issues. As specific areas of need were identified, WBGH formed: the Institute on Aging, Work and Health; the Institute for Rehabilitation and Disability Management; the Institute on Organizational Health; and Family Health Programs. WBGH also publishes two magazines, *Business & Health* and *Corporate Commentary*, and other resource information, reports, studies, and surveys.

WGBH assists the business community through: the Policy Exchange telecommunications network; an annual conference to discuss new health policy issues, cost management strategies, benefit design solutions and health promotion ideas; formation of nationally recognized task forces on topics ranging from legal issues of interest to employers to tax policy; and numerous seminars on timely subjects such as AIDS and utilization data. WBGH has been instrumental in helping form over 35 local business health care coalitions across the country.